



08-19-06

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PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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Application Number	10/658,076
Filing Date	09/09/2003
First Named Inventor	ROBERT HICKLING
Art Unit	2644
Examiner Name	Ian J. Lobo
Attorney Docket Number	7674.3

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	ROBERT HICKLING		
Signature			
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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